## **Assessor's Petition for Change of Property Classification**

Office Use Only					
Petition No.					
Year					

INSTRUCTIONS: Completion of this form and receipt by the State Tax Commission (STC) by June 30th of the current tax year is mandatory under Section 211.34c and 211.150. Failure to complete this form may result in the rejection of the petition. This petition is limited to Property Classification disputes. Valuation or Exemption questions must be appealed to the Michigan Tax Tribunal only (MCL 205.735). Do not reproduce this petition except for your records. Signature required.

	Property Owner Information			Assessor Information			
me				Name			
dress				Address	3		
/		State		City		S	tate
Code	Telephone Number	T I		Zip Coo	e	Telephone Number	
The Assessor I		ion for cha	ange of the fo	City or Townshi		ty classification appearing	g on the
nool District(s)				Village of			
Complete Lega	I Decembries and I						
	ii Description and r	Parcel Cod	de Number				
	·	Parcei Coo	de Number				
Property Addre	·	Parcel Coo	de Number				
	ess	between	de Number		Street a	nd	Stree
Property Addre	ess	between	de Number		Street a	nd	Stree
Property Addre	ess roperty Classificati	between		Real (300)	Street a	ndTimber-Cutover Real (500)	Stree
Property Addre	ess roperty Classificati	between	Industrial	Real (300) Personal (350)	Street a		Stree
Property Addre	roperty Classificati Real (100) Personal (150)	between	Industrial Industrial		Street a	Timber-Cutover Real (500)	Stree
Property Addrember and Street  Current Year P Agricultural F Agricultural F Commercial	roperty Classificati Real (100) Personal (150)	between	Industrial Industrial Residentia	Personal (350)	Street a	Timber-Cutover Real (500)  Utility Personal (550)	Stree

G. List reasons for requested property classification		
Be specific		
H. Does the total usage of the petitioned property include m	pore than one usego?	
Yes No	iore triali one usage?	
If yes, what are the uses and approximate percentage of each.		
I. Number of Acres	J. Current Zoning	
Certification: I hereby declare that the foregoing information	n submitted is a complete and true statement.	
Signature of Assessor	Date	
Printed or typed signature	1	
Datum to Chata Tau Camani	tantan	

Return to: State Tax Commission

Michigan Department of Treasury
P.O. Box 30471
Lansing, MI 48909-7971
Fax: (517) 241-2621